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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.10 (e)) required)

Attorney Docket Number 03067/02006
First Named Inventor Jeffrey W. Adair

COMPLETE IF KNOWN

Application Number 10 / 619,083
Filing Date July 14, 2003
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Frictional Material Having Oil Localization Slots

the specification of which
☐ is attached hereto
OR

(Title of the invention)

☒ was filed on (MM/DD/YYYY) 07/14/2003

as United States Application Number or PCT International

Application Number 10/619,083 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.88.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 388(b) of any foreign application(s) for patent or inventor's certificate, or 388(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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PTO/BB/01 (12)

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(a) of any PCT international application designating United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number

Parent Filing Date (MM/DD/YYYY)

Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/BB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number 20879

Place Customer Number Bar Code Label here

☐ Registered practitioner(s) name/registration number listed below

Name

Registration Number

Name

Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/BB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name Catherine B. Martineau, Esq.

Address Powertrain Technical Center

Address 3800 Automation Avenue, Suite 100

City Auburn Hills

State MI

ZIP

48326

Country USA

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any)

Family Name or Surname

Jeffrey W.

Adair

Inventor's Signature

Jeffrey W. Adair

Date

10/3/03

Residence City

Longview

State TX

Country

USA

Citizenship

USA

Post Office Address

1001 Baylor Drive

Post Office Address

City

Longview

State TX

ZIP

75601

Country

USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/BB/02A attached hereto

Please type a plus sign (+) inside this box → +

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PTO/BB/02A (8-97)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Jeffrey D.

Morris

Inventor's
Signature

Jeffrey D. Morris

Date

10/3/03

Residence: City

Longview

State

TX

Country

USA

Citizenship

USA

Post Office Address

11230 FM 349

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ZIP

75603

Country

USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any])				Family Name or Surname			
Graham				Marlborough			
Inventor's Signature				Date		24/09/08	
Residence: City		Tondu		State		Country	
				UK		Citizenship	
						UK	
Post Office Address		Ty Canol Derllwyn Road					
Post Office Address		County of Mid Glamorgan					
City		Tondu		State		ZIP	
				CF32 90G		Country	
						UK	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State		Country	
						Citizenship	
Post Office Address							
Post Office Address							
City				State		ZIP	
						Country	

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State		Country	
						Citizenship	
Post Office Address							
Post Office Address							
City				State		ZIP	
						Country	

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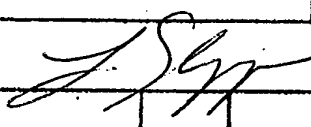
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
Gary I.				Skipper					
Inventor's Signature					Date		19-09-03		
Residence: City		Swansea		State		Country		UK	
Post Office Address		#1 Clos Helyg							
Post Office Address		County of West Glamorgan, Gowerdon							
City		Swansea		State		ZIP		Country	
								UK	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature					Date				
Residence: City				State		Country		Citizenship	
Post Office Address									
Post Office Address									
City				State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature					Date				
Residence: City				State		Country		Citizenship	
Post Office Address									
Post Office Address									
City				State		ZIP		Country	

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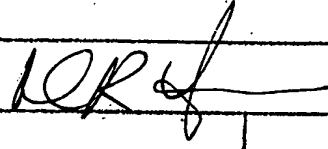
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Norman R.				Jones			
Inventor's Signature					18 Sept 03		
Date							
Residence: City		Neath		State		Country	
				UK		Citizenship	
				UK			
Post Office Address		28 Gardners Lane					
Post Office Address		County of West Glamorgan					
City		Neath		State		ZIP	
				SA11 2AH		Country	
				UK			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature					Date		
Residence: City				State		Country	
						Citizenship	
Post Office Address							
Post Office Address							
City				State		ZIP	
						Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature					Date		
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Post Office Address							
City				State		ZIP	
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